200% UNIFORM BUSINESS REPORT (UBR) FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # P96000058857 BRIAN CUDMORE, INC. 04-03-2000 90206 020 ***150.00 Principal Place of Business Mailing Address 2304 NW 67TH STREET 2304 NW 67TH STREET **BOCA RATON FL 33496-3603 BOCA RATON FL 33496** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0746306 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CUDMORE, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2304 NW 67TH STREET **BOCA RATON FL 33496** Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE CUDMORE, BRIAN J NAME NAME 2304 NW 67TH STREET STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33496** Change ☐ Addition TITLE ☐ Delete TITLE NAME CUDMORE, ALINA A NAME STREET ADDRESS 2304 NW 67TH STREET STREET ADDRESS **BOCA RATON FL 33496** C!TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME CUDMORE, TERENCE R NAME STREET ADDRESS 2304 NW 67TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** TITLE ☐ Change ■ Addition ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/00 561-702-3912

☐ Change

☐ Change

☐ Addition

☐ Addition

Date Daytime Phon

CH2EU34 (9/9